

2015-16 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2015 ENDING JUNE 30, 2016

Status: Submitted on November 12, 2017









In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval **no later than October 31, 2016.**

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater.

The time threshold is 21 days per fiscal year.

If you have question, please contact your department administrator.

Faculty Name:	Hermanowicz, Neal ([REDACTED])
Academic Title:	HS Clin Professor Hcomp - 1734
Appointment:	School of Medicine
Home Department:	Neurology

1.	<div>Category I or II </div> <div><input type="text"/></div> <div>Service Dates </div> <div><input type="text"/></div> <div># of Days </div> <div><input type="text"/></div> <div>Involved Student</div> <div><input type="text"/></div> <div>Name of Outside Entity </div> <div><input type="text"/></div> <div>Role </div> <div><input type="text"/></div> <div>Description of Services Provided </div> <div><input type="text"/></div> <div>Income Earned </div> <div><input type="text" value="\$"/></div> <div>Income Retained </div> <div><input type="text"/></div> <div>Additional Information</div> <div><input type="text"/></div>
<div>Total # of Days: 0</div> <div>Total Income Earned: \$0.00</div> <div>Total Income Retained: \$0.00</div>	
<div><input checked="" type="checkbox"/> I did <u>not</u> engage in Category I or II activities.</div> <div><input type="checkbox"/> I did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning threshold.</div> <div><input type="checkbox"/> I did engage in Category I or II activities and total income earned did exceed the earnings threshold (prior approval required).</div>	

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.

I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.

Note: Information disclosed herein is a public record under the California Public Records Act.

Submitted By

Submission Date

This signature affirms the form was received and approved.

Approved By

Approval Date

Files for Neal Hermanowicz

[+ Add File](#)

[◀ List of Participants](#)

[Enter Scanned Copy Info](#)

[↩ Return Form to Faculty](#)

2016-17 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2016 ENDING JUNE 30, 2017

Status: Submitted on November 12, 2017

In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval **no later than November 1, 2017**.

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater.

The time threshold is 21 days per fiscal year.

If you have any questions about the policies governing Outside Professional Activities, please contact your Department CAO.

Faculty Name:	Hermanowicz, Neal ([REDACTED])
Academic Title:	HS Clin Professor Hcomp - 1734
Appointment:	School of Medicine
Home Department:	Neurology

1.	<div style="margin-bottom: 5px;"> Category ⓘ <input style="width: 150px;" type="text"/> </div> <div style="margin-bottom: 5px;"> Service Dates ⓘ <input style="width: 200px;" type="text"/> </div> <div style="margin-bottom: 5px;"> # of Days ⓘ <input style="width: 50px;" type="text"/> </div> <div style="margin-bottom: 5px;"> Involved Student <input style="width: 50px;" type="text"/> </div> <div style="margin-bottom: 5px;"> Name of Outside Entity ⓘ <input style="width: 300px;" type="text"/> </div> <div style="margin-bottom: 5px;"> Role / Nature of Relationship ⓘ <input style="width: 300px;" type="text"/> </div> <div style="margin-bottom: 5px;"> Description of Services / Activities Provided ⓘ <div style="border: 1px solid black; height: 80px; width: 300px;"></div> </div> <div style="margin-bottom: 5px;"> Income Earned ⓘ <div style="display: flex; align-items: center;"> \$ <input style="width: 100px;" type="text"/> </div> </div> <div style="margin-bottom: 5px;"> Income Retained ⓘ <input style="width: 50px;" type="text"/> </div> <div style="margin-bottom: 5px;"> Additional Information <div style="border: 1px solid black; height: 80px; width: 300px;"></div> </div>
<div style="margin-bottom: 5px;"> Total # of Days: 0 </div> <div style="margin-bottom: 5px;"> Total Income Earned: \$0.00 </div> <div style="margin-bottom: 5px;"> Total Income Retained: \$0.00 </div>	
<div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> I did <u>not</u> engage in Category I or II activities. </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> I did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning threshold. </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> I did engage in Category I or II activities and total income earned did exceed the earnings threshold (prior approval required). </div>	

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.

I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.

Note: Information disclosed herein is a public record under the California Public Records Act.

Submitted By

Submission Date

This signature affirms the form was received and approved.

Approved By

Approval Date

Files for Neal Hermanowicz

+ Add File

[◀ List of Participants](#)

[Enter Scanned Copy Info](#)

[↩ Return Form to Faculty](#)

2017-18 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2017 ENDING JUNE 30, 2018

Status: Approved on December 3, 2018

In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval **no later than November 1, 2018**.

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater.

The time threshold is 21 days per fiscal year.

If you have any questions about the policies governing Outside Professional Activities, please contact your Department CAO.

Faculty Name:	Hermanowicz, Neal ()
Academic Title:	HS Clin Professor Hcomp - 1734
Appointment:	School of Medicine
Home Department:	Neurology

1.	<div>Category ⓘ <input type="text"/></div> <div>Service Dates ⓘ <input type="text"/></div> <div># of Days ⓘ <input type="text"/></div> <div>Involved Student <input type="text"/></div> <div>Name of Outside Entity ⓘ <input type="text"/></div> <div>Role / Nature of Relationship ⓘ <input type="text"/></div> <div>Description of Services / Activities Provided ⓘ <input type="text"/></div> <div>Income Earned ⓘ \$ <input type="text"/></div> <div>Income Retained ⓘ <input type="text"/></div> <div>Additional Information <input type="text"/></div>
<div>Total # of Days: 0</div> <div>Total Income Earned: \$0.00</div> <div>Total Income Retained: \$0.00</div>	
<div><input checked="" type="checkbox"/> I did <u>not</u> engage in Category I or II activities.</div> <div><input type="checkbox"/> I did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning threshold.</div> <div><input type="checkbox"/> I did engage in Category I or II activities and total income earned did exceed the earnings threshold (prior approval required).</div>	

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.

I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.

Note: Information disclosed herein is a public record under the California Public Records Act.

Submitted By Hermanowicz, Neal

Submission Date 10/30/2018

This signature affirms the form was received and approved.

Approved By Mozaffar, Tahseen

Approval Date 12/3/2018

Files for Neal Hermanowicz

[+ Add File](#)

[◀ List of Participants](#)

[🏠 Return Form to Faculty](#)


2014-15 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2014 ENDING JUNE 30, 2015

Status: Approved on January 15, 2016











In accordance with APM-025 and APM-670 all Health Sciences Compensation Plan participants are required to complete this form annually. Complete all parts of the form for the time your appointment was effective during the identified period. Income earned in one period but received in the next is reportable in the period earned.

Outside Professional Activities, compensated or uncompensated, and regardless of financial interest, are defined as those activities that are within a faculty member's area of professional, academic expertise and that advance or communicate that expertise through interaction with industry, the community, or the public.

For examples of Category I or Category II activities, please click the help button. 

Earnings threshold is 20% of your X + X' or \$40,000 - whichever is greater.

If you have question, please contact your department administrator.

Faculty Name: Hermanowicz, Neal () Academic Title: HS Clin Professor Hcomp - 1734 Appointment: School of Medicine Home Department: Neurology	
1. Category I or II  <input type="text" value="v"/> Service Dates  <input type="text"/> # of Days  <input type="text"/> Income Earned  \$ <input type="text"/> Income Retained  <input type="text" value="No"/>  Additional Information <input type="text"/>	Name of Outside Entity  <input type="text"/> Role  <input type="text"/> Description of Services Provided  <input type="text"/> Total # of Days: 0 Total Income Earned: \$0.00 Total Income Retained: \$0.00
<input checked="" type="checkbox"/> I did not engage in Category I or II activities during the reporting period <input type="checkbox"/> Total income earned did not exceed the earnings threshold	
<p>I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.</p> <p>I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.</p> <p>Note: Information disclosed herein is a public record under the California Public Records Act.</p>	
Submitted By <input type="text" value="Hermanowicz, Neal"/> Submission Date <input type="text" value="11/18/2015"/>	

This signature affirms the form was received and approved.

Approved By	Small, Steven L	Approval Date	1/15/2016
-------------	-----------------	---------------	-----------

Files for Neal Hermanowicz

[+ Add File](#)

[◀ List of Participants](#)

[↶ Return Form to Faculty](#)

2015-16 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2015 ENDING JUNE 30, 2016

Status: Submitted on November 12, 2017

In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval **no later than October 31, 2016.**

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater.

The time threshold is 21 days per fiscal year.

If you have question, please contact your department administrator.

Faculty Name:	Hermanowicz, Neal ()
Academic Title:	HS Clin Professor Hcomp - 1734
Appointment:	School of Medicine
Home Department:	Neurology

1.	<div>Category I or II ⓘ <input type="text"/></div> <div>Service Dates ⓘ <input type="text"/></div> <div># of Days ⓘ <input type="text"/></div> <div>Involved Student <input type="text"/></div> <div>Name of Outside Entity ⓘ <input type="text"/></div> <div>Role ⓘ <input type="text"/></div> <div>Description of Services Provided ⓘ <input type="text"/></div> <div>Income Earned ⓘ \$ <input type="text"/></div> <div>Income Retained ⓘ <input type="text"/></div> <div>Additional Information <input type="text"/></div>
Total # of Days: 0 Total Income Earned: \$0.00 Total Income Retained: \$0.00	
<input checked="" type="checkbox"/> I did <u>not</u> engage in Category I or II activities. <input type="checkbox"/> I did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning threshold. <input type="checkbox"/> I did engage in Category I or II activities and total income earned did exceed the earnings threshold (prior approval required).	

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.

I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.

Note: Information disclosed herein is a public record under the California Public Records Act.

Submitted By

Submission Date

This signature affirms the form was received and approved.

Approved By

Approval Date

Files for Neal Hermanowicz

[+ Add File](#)

[◀ List of Participants](#)

[Enter Scanned Copy Info](#)

[↩ Return Form to Faculty](#)